



Alameda County Coroner's Bureau
Gregory J. Ahern, Sheriff/Coroner
2901 Peralta Oaks Court, Oakland, CA 94605
(510) 382-3000

Coroner Investigator's Report

| | | | | | |
|---|--|---|---|---|--|
| CALL INFO | NAME OF DECEASED (LAST, FIRST MIDDLE) MOORE JR., Robert D. | | TENTATIVE I UNIDENTIFIED | CASE NUMBER 2014-00826 | |
| | REPORTED BY Christy Dikes | REPORTED BY PHONE | REPORTING AGENCY Alta Bates Summit Medical Center - Summit Campus | REFERENCE NUMBER | |
| | INVESTIGATOR ADAM WILLIAMS | CALL DATE AND TIME 3/14/2014 1545 | CASE TYPE Removal Case | | |
| | DATE AND TIME OF DEATH 3/14/2014 1505 | DATE OF BIRTH 10/23/1983 | AGE 30 Years | GENDER Male RACE Black MARITAL STATUS Never Married VET | |
| DECEDENT | HGT Brown | WGT Brown | EYE COLOR UNK HAIR COLOR OCCUPATION EMPLOYER | | |
| Preliminary Summary: [REDACTED] | | | | | |
| DEATH | LOCATION OF DEATH Alta Bates Summit Medical Center - Summit Campus | | | LOC TYPE HOSP | |
| | ADDRESS (STREET, CITY, STATE, ZIP) 350 Hawthorne Avenue, Oakland, CA, 94609 | | | COUNTY Alameda | |
| | Manner Accident | Death Certificate Signed By | | | |
| | Cause A <u>Acute mixed drug intoxication (methadone, hydrocodone, diphenhydramine, sertraline)</u> | Interval | Hours | | |
| | Cause B | Interval | | | |
| | Cause C | Interval | | | |
| | Cause D | Interval | | | |
| | Other Significant Conditions Seizure disorder with subtherapeutic levels of diazepam, gabapentin and levetiracetam | | | | |
| NOTIFC. | LEGAL NEXT OF KIN [REDACTED] | RELATIONSHIP [REDACTED] | TELEPHONE NO. [REDACTED] | | |
| | NOTIFIED BY | METHOD | DATE AND TIME | | |
| | IDENTIFICATION METHOD Personal Identification | DATE AND TIME 3/14/2014 1505 | | | |
| INCIDENT | LOCATION OF INCIDENT | AT WORK | | | |
| | ADDRESS (STREET, CITY, STATE, ZIP) | COUNTY | DATE AND TIME OF INCIDENT | | |
| | INVESTIGATING AGENCY Alameda County Sheriff's Office-ETS | INV AGENCY PHONE NUMBER | OFFICER | | |

| | | | | | | |
|------|--|--|------------|---------------|-----------------------|--------------------------------|
| DISP | FUNERAL HOME MORGAN JONES FUNERAL HOME | BODY RELEASE TO FUNERAL HOME ON 3/20/2014 1305 | | | | |
| | Full Autopsy | Partial Autopsy | Inspection | Record Review | Inspection w/Specimen | EXAM BY JUDY MELINEK |
| | Yes | | | | | |



Alameda County Sheriff's Office
Gregory J. Ahern, Sheriff / Coroner
Coroner's Bureau, 480 4th Street, Oakland, CA

94607-3829

(510) 268-7300 / (510) 268-7333 (fax)

Investigator Narrative

Decedent: MOORE JR., Robert D.

Case Number: 2014-00826

Investigator: Adam Williams

First Call Information:

On Friday, March 14, 2014, Nurse Christie DIKES (RN), of Alta Bates Summit Medical Center, Oakland, called to report the death of a 30 year old male in the Emergency Room of their facility. The decedent, Robert MOORE Junior, an active in-custody male, was transported to the Emergency Room via ambulance after he was reportedly discovered unresponsive inside of a holding cell at Wiley Manual Court House. After the discovery, 911 was called, and Robert Junior was transported to the hospital. Upon his arrival to the Emergency Room, life-saving techniques were continued, but were not successful. Dr. Samantha HONNER pronounced the death at 1505 hours. Nurse DIKES reported hospital staff were unable to locate any obvious signs of trauma, and said hospital staff did not suspect foul play. (AJW3829)

Medical Summary:

Robert Junior is a 30 year old male with an approximate five-year history of [REDACTED]

[REDACTED] Robert Junior had recently been prescribed [REDACTED]

[REDACTED] by his dentist.



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On April 30, 2014, about 0850, I (GOGNA) spoke with [REDACTED] and asked him if he knew how or why his son was taking [REDACTED]. [REDACTED] told me he had no knowledge of the [REDACTED] use and did not even know what [REDACTED] was. He said he spoke with the people that his son had been staying with and they said his son was prescribed medication from a dentist recently.

I ran a Department of Justice Controlled Substance list and in the past nine months Robert Junior had never been prescribed [REDACTED] (See attached list). The dentist [REDACTED] referred to prescribed him [REDACTED] (AG#1303)

Description of the Death/ Injury Scene:

Robert Junior's death was pronounced in the Emergency Room of Alta Bates Summit Medical Center Oakland. (AJW3829)

Body Identification:

Robert Junior was identified by Alameda County Sheriff's Deputies prior to having been transported to Alta Bates Summit Medical Center. (AJW3829)

On Wednesday, March 19, 2014, I (Sgt. GRAVES) received a document from the Central Identification Bureau (CIB) confirming the identity of the decedent as Robert MOORE. The date of birth listed for MOORE was 10/23/83. Fingerprints provided by the Coroner's Bureau yielded a hit to Person File Number (PFN) [REDACTED] when they were compared to records on file with the Alameda County Sheriff's Office, CIB Unit. It was determined the same subject made the fingerprints appearing on both documents. A positive identification has been made. (PRG#1660)



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Next of Kin Investigation:

Robert Junior is not married, and has a minor child, [REDACTED] who is his legal next of kin. [REDACTED] lives with his mother, [REDACTED]. Because [REDACTED] is a minor child, his mother, [REDACTED] will serve as the property and money guardian. Robert Junior's father, [REDACTED] will be authorized to handle his son's funeral arrangements. (AJW3829)

Other Agency Reports:

The Alameda County Sheriff's Office – Eden Township Substation, is investigating Robert Junior's death. Their case number in reference to the incident is 14-004875. (AJW3829)

Deputy J. STONEBERGER #1952 assigned at Wiley Manuel Courthouse wrote incident report #2014-004571 (JSH6129)

Property and Evidence:

Robert Junior was logged and recorded on Coroner's Receipt #34722. (AJW3829)

Coroners Fees:

Coroner fees apply to Robert Junior's case. As of March 14, 2014, there are a total of \$321.00 in Coroner fees; \$254.00 for the removal of Robert Junior, and \$67.00 for the mortuary preparation.



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On March 14, 2014, about 2200 hours, I (WILLIAMS) called and spoke with [REDACTED] and informed him of the Coroner's involvement in the case, as well as the fees associated with that involvement. [REDACTED] said he would be contacting family members to select a mortuary. (AJW3829)

Other Investigative Details/ Supplemental Information:

On Friday, March 14, 2014, during a court hearing, Robert Junior was remanded into the custody of Alameda County Sheriff's Office, and was placed into a holding cell at the court house.

While a deputy was conducting welfare checks on inmates in holding cells, Robert Junior was discovered unresponsive on the floor of the cell, and appeared to have blood emitting from his mouth. The deputy immediately called for paramedics to respond to the scene. Paramedics plus arrived to the scene and transported Robert Junior to Alta Bates Summit Medical Center Oakland.

Upon his arrival to the hospital, life-saving techniques were used, but were not successful. Dr. Samantha HONNER pronounced Robert Junior's death at 1505 hours. (AJW3829)

On Friday, March 14, 2015, Deputy NEILL and I (WILLIAMS) were detailed to Alta Bates Summit Medical Center, Oakland, to perform a scene investigation and body removal.

Upon our arrival to the hospital, we located Robert Junior in the hospital morgue. Robert Junior was inside a hospital body bag, lying on top of a hospital gurney. I checked the name on the tag and verified it matched that of Robert Junior.



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Upon opening the body bag, I located Robert Junior in the supine position. Robert Junior appeared to be partially clothed wearing underwear, pants, socks, and shoes which did not have laces. I performed a brief examination of Robert Junior's body and was unable to locate any obvious signs of trauma. I took photographs of Robert Junior for documentation. I placed his hands into paper bags and secured them with zip-ties to safeguard any trace evidence which may be present.

We moved Robert Junior to a Coroner's gurney in preparation for transportation to the Coroner's Bureau. Before departing the scene, I provided the security guard with a copy of the Coroner's Receipt.

Upon our arrival to the Coroner's Bureau, we processed Robert Junior into the morgue. I took intake photographs of Robert Junior to document his condition upon arrival to the facility. I marked his body with a yellow evidence tag and placed him into the cooler.

About 2200 hours, I (WILLIAMS) called and spoke with [REDACTED]. He informed me he was told of his son's death earlier, and asked me to confirm the date of birth of the decedent. I provided [REDACTED] with the date of birth, and he confirmed it was the same date of birth as his son.

I discussed with [REDACTED] his son's medical history. I asked [REDACTED] if he was aware of any medical complications his son may have been experiencing or seeking treatment for. [REDACTED] was aware his son had a [REDACTED] and said his son had been experiencing [REDACTED] for about 5 years. [REDACTED] said the [REDACTED] did not typically follow any schedule and were often random. [REDACTED] told me to his knowledge; the [REDACTED] had not been linked to a specific medical condition.



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I asked [REDACTED] about any drug or alcohol use by his son. [REDACTED] told me he was aware his son had used illicit drugs in the past, although he did not know which types. [REDACTED] said he was not sure if his son was currently using drugs, as he had last spoken with Robert Junior around August, 2013. He told me the last he knew, Robert Junior was living in a half-way house somewhere in the Bay Area. [REDACTED] was under the impression Robert Junior was straightening his life out.

[REDACTED] told me his son was known to consume alcohol and described Robert Junior's drinking as social. [REDACTED] did not feel his son was alcohol dependant. [REDACTED] also told me Robert Junior was known to smoke cigarettes but described this behavior as social as well.

I informed [REDACTED] his son would be scheduled for an examination and could be released to a mortuary after the examination was completed. [REDACTED] told me he would try to contact family about making the arrangements, and would call our office when a decision had been made. [REDACTED] said he would also update our office with better contact information for his grandson and his grandson's mother. (AJW3829)

On Monday, March 17, 2014, about 1000 hours I (HOVDA) spoke to Deputy J. STONEBERGER #1952 assigned to work at Wiley Manuel Courthouse. Deputy J. STONEBERGER told me the following: MOORE Junior was a [REDACTED] MOORE Junior was placed in a holding cell about 0900 hours with another inmate, [REDACTED] MOORE Junior and [REDACTED] were searched prior to being placed inside the holding cell. About 0920 hours, [REDACTED] was removed from the holding cell. MOORE Junior was sitting on the bench when [REDACTED] was removed and appeared to be sleeping and in good health. There was no sign of trauma or foul play at the time [REDACTED] was removed from the holding cell. (JSH6129)

On March 17, 2014 Doctor J. MELINEK completed an autopsy on Robert Junior and deferred his cause of death pending toxicology results. On May 1, 2014 Doctor MELINEK determined Robert Junior's cause of death to be [REDACTED]



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Findings:

On Friday, May 23, 2014, I (WILLIAMS) reviewed the case file for the purpose of establishing the manner of Robert Junior's death. In reviewing the case file, Autopsy Protocol, toxicology report, police report, and other documents associated with the case. Robert Junior was the sole occupant of the cell, and there was no evidence of trauma. Deputies checked Robert Junior's welfare three separate times before discovering him unresponsive about 1405 hours. Robert Junior had a history of an [REDACTED]

[REDACTED] Toxicology samples taken at the time of Robert Junior's autopsy revealed levels methadone, EDDP, hydrocodone, diphenhydramine, and sertraline. Dr. J. Melinek, Coroner's Pathologist,

[REDACTED] Based on these facts, I have found Robert Junior's case to be that of an accidental death. (AJW3829)

Supervisor Review:

On November 4, 2014, I (Sergeant P. Wilson) reviewed this case for closure. I agree with the findings and consider this case closed. (PW#1494)

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Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: March 17, 2014
FROM: Judy Melinek, M.D.
TO: Case File 2014-00826
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Robert Moore Jr. at the Coroner's Bureau, 480 4th Street, Oakland, California, on March 17, 2014, at 9:30 a.m.

AUTOPSY FINDINGS

- I. ACUTE AND CHRONIC OPIOID ABUSE:
 - A. TRACK MARKS, BACK LEFT HAND
 - B. VISCERAL CONGESTION
 - C. PULMONARY EDEMA WITH FOAM IN ENDOTRACHEAL TUBE AND TRACHEA
 - D. SEE TOXICOLOGY REPORT:
 1. METHADONE = 0.16 MG/L
 2. EDDP = <0.01 MG/L
 3. HYDROCODONE = 0.02 MG/L
 4. DIPHENHYDRAMINE = 0.80 MG/L
 5. SERTRALINE = 0.11 MG/L
 6. ALL WITHIN THERAPEUTIC RANGE BUT CAN HAVE ADDITIVE RESPIRATORY DEPRESSANT EFFECTS.
- II. HISTORY OF SEIZURE DISORDER (NOT OTHERWISE SPECIFIED):
 - A. SUBTHERAPEUTIC LEVELS OF ANTI-SEIZURE MEDICATIONS:
 1. DIAZEPAM = < 0.01 MG/L (EFFECTIVE RANGE 0.12 - 0.75 MG/L)
 2. NORDIAZEPAM = < 0.01 MG/L
 3. GABAPENTIN = 3.7 MG/L (EFFECTIVE RANGE 6 - 21 MG/L)
 4. LEVETIRACETAM = 4.8 MG/L (EFFECTIVE RANGE 19 - 31 MG/L).

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Body of ROBERT MOORE JR.

III. HYPERTENSIVE CARDIOVASCULAR DISEASE:

A. 470 GRAM HEART WITH LEFT VENTRICULAR HYPERTROPHY
(1.7 CM).

IV. BILATERAL SCROTAL HYDROCELES.

CAUSE OF DEATH: ACUTE MIXED DRUG INTOXICATION (METHADONE,
HYDROCODONE, DIPHENHYDRAMINE, SERTRALINE).

Other condition: SEIZURE DISORDER WITH
SUBTHERAPEUTIC LEVELS OF
DIAZEPAM, GABAPENTIN AND
LEVETIRACETAM.

cc: EMS

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Body of ROBERT MOORE JR.

1 **PRELIMINARY EXAMINATION:** The body is identified by a Coroner's
2 label affixed to the left great toe and a hospital label
3 inscribed "John Doe MRN: 52845062" on the right wrist. When
4 first viewed, the decedent is clad in blue jeans, gray boxer
5 underpants, blue athletic shoes, and two white socks. There is
6 no shirt. There are no personal valuables or effects. The
7 clothing is retained as evidence. There are brown paper bags
8 surrounding both hands.

9
10 **EXTERNAL EXAMINATION:** The body is of a well developed, well
11 nourished, fit and muscular adult black man whose appearance is
12 consistent with the reported age of 30 years. The body is cold
13 (refrigerated). Rigor mortis is marked and symmetric. Unfixed
14 purple livor mortis extends over the posterior surfaces of the
15 body, except in areas exposed to pressure.

16
17 The face is unremarkable without visible injury. The head is
18 atraumatic, symmetric, and normocephalic. The scalp is intact
19 and atraumatic. The scalp hair is dark brown, curly and
20 measures approximately 3/4 inch in length over the crown. The
21 eyelids are atraumatic, intact, and unremarkable. The irides
22 are brown. The pupils are bilaterally equal at 0.8 cm. The

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23 corneas are clouded. The sclerae and conjunctivae are
24 unremarkable without petechiae or hemorrhages. No petechial
25 hemorrhages are identified on the palpebral conjunctivae, bulbar
26 conjunctivae, facial skin or oral mucosa. The nose and ears are
27 not unusual except for one pierce mark in each earlobe and
28 slight blood in the nares. The decedent wears a scant 1/8 inch
29 curly black mustache and stubble at the chin. The teeth are
30 natural and in poor condition with some caries, most prominent
31 between the upper incisors.

32
33 The neck is unremarkable. The trachea is palpable and midline.
34 The thorax is well developed and symmetrical. The abdomen is
35 flat. The anus and back are unremarkable. The penis is
36 uncircumcised. The testes are bilaterally descended in the
37 scrotum. The upper and lower extremities are well developed and
38 symmetrical, without absence of digits. There is no clubbing or
39 edema.

40
41 EVIDENCE OF MEDICAL THERAPY: Evidence of acute medical therapy
42 includes five electrocardiogram patches on the chest; a
43 defibrillator electrode patch on the back; single lumen
44 intravenous catheter at the bilateral antecubital fossae.

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Body of ROBERT MOORE JR.

45 Injuries associated with resuscitation include a 3/4 inch tan
46 and red abrasion at the right sternal border and a curvilinear
47 1-1/2 inch red abrasion at the left midsternal border. There is
48 also a squared-off curved red abrasion measuring 1-3/4 inches at
49 the left costal margin, suggestive of the shape of the outer
50 edge of a defibrillator pad.

51

52 IDENTIFYING MARKS AND SCARS: A monochromatic professional
53 tattoo inscribed "King of Hearts" depicting a heart with a crown
54 is on the upper outer right chest. Two hypopigmented patches
55 measuring 1/4 inch and 1 inch by 1/4 inch are on the outer right
56 chest, at the axillary area. A monochromatic professional
57 tattoo inscribed "WOODBINE" is on the upper back. A 3/4 inch
58 round well healed scar is at the back right shoulder. A 1-1/2
59 inch diagonal linear well healed scar is at the right elbow. A
60 monochromatic professional tattoo inscribed "HEAD" is vertically
61 oriented on the back right lower arm. A monochromatic
62 professional tattoo inscribed "2" is on the back right hand. A
63 monochromatic professional tattoo of a cartoon character
64 inscribed "SAE" and possibly "Grimy 4 Life" is on the upper
65 outer right arm. A monochromatic professional tattoo of a
66 possibly Chinese or Thai character is on the upper outer left

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67 arm. Below that is inscribed "In Young Memory of" with a
68 picture of an angel. A monochromatic professional tattoo
69 inscribed "BUSA" is vertically oriented on the back lower left
70 arm. On the volar lower left arm is inscribed "The Gift of God
71 is Eternal Life, The Wages of Sin is Death" (with life and death
72 being the same word viewed right-side up as upside down). A
73 monochromatic professional tattoo inscribed "6" and "HON3T" is
74 on the back left hand. A 1-1/2 inch by 1/4 inch hypopigmented
75 band-like area is at the inner left wrist. A 3/8 inch well
76 healed scar is at the back left hand at the base of the left
77 ring finger (consistent with possible track mark). A 1-1/2 inch
78 by 1/2 inch irregular well healed scar is at the back left hand
79 at the base of the index and middle fingers. A 1/2 inch rounded
80 well healed scar is at the outer volar left arm. A 1/2 inch
81 oval well healed scar is at the lower outer volar left arm. A
82 1/2 inch round well healed scar is at the inner right knee. A
83 3/8 inch well healed scar is at the outer right knee. A 1/2
84 inch vertical linear hyperpigmented area with a central scar is
85 at the back left foot. A 3 inch area of intersecting linear
86 scars is on the left knee.

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88 **EVIDENCE OF INJURY:** At the upper lip there is a 3/4 inch by 1/2
89 inch purple contusion with a healing 1/4 inch central pink
90 abrasion. At the lower lip there is a 1 inch by 3/4 inch purple
91 contusion with a 1/8 inch small scabbed brown abrasion and an
92 associated 1/2 inch scar.

93

94 **INTERNAL EXAMINATION:** The body is opened in the usual manner
95 with a Y-shaped incision. No adhesions or abnormal collections
96 of fluid are in any of the body cavities. All body organs are
97 in normal and anatomic position. The serous surfaces are smooth
98 and glistening. The subcutaneous fat measures approximately 1
99 inch in maximum thickness at the level of the umbilicus. There
100 is diffuse visceral congestion.

101

102 **HEAD AND CENTRAL NERVOUS SYSTEM:** Reflection of the scalp shows
103 the usual scattered reflection petechiae. The calvarium is
104 intact. The brain weighs 1330 grams. The dura mater and falx
105 cerebri are unremarkable and the leptomeninges are thin and
106 delicate. The cerebral hemispheres are symmetrical, with
107 diffuse edema. There is widening of the gyri and effacement of
108 the sulci. The structures at the base of the brain, including
109 cranial nerves and blood vessels, are free of abnormality.

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110

111 The brain and dura are preserved in formalin for subsequent
112 neuropathologic examination, following removal of a portion of
113 the right occipital lobe (part of which is saved for toxicology
114 and part of which is returned with the body).

115

116 **NECK:** The neck is dissected after the thoracoabdominal and
117 cranial contents are removed. Examination of the soft tissues
118 of the neck, including large vessels and strap muscles, reveals
119 no abnormalities. The superficial and deep muscles of the neck
120 are firm, red-brown, intact, and unremarkable without hemorrhage
121 or laceration. The hyoid bone and larynx are intact. The
122 tongue is normal.

123

124 **CARDIOVASCULAR SYSTEM:** The heart weighs 470 grams. The
125 epicardial surfaces are smooth, glistening, and unremarkable.
126 The coronary arteries arise normally and follow the distribution
127 of a right dominant pattern with no significant atherosclerosis.
128 The chambers and valves bear the usual size/position
129 relationship, are morphologically normal. The chambers are
130 remarkable for left ventricular hypertrophy. The valves are
131 free of vegetations. The myocardium is dark red-brown, firm,

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132 and unremarkable. The atrial and ventricular septa are intact
133 and the septum and free walls are free of muscular bulges.
134 There is no focal or regional fibrosis, erythema, pallor or
135 softening. The left ventricle measures 1.7 cm and the right
136 ventricle measures 0.5 cm in thickness as measured 1 cm below
137 the respective atrioventricular valve annulus. The
138 interventricular septum measures 2.0 cm in thickness. The aorta
139 and its major branches arise normally and follow the usual
140 course with no significant atherosclerosis. The orifices of the
141 major aortic vascular branches are patent. The vena cava and
142 its major tributaries return to the heart in the usual
143 distribution and are unremarkable.

144

145 **RESPIRATORY SYSTEM:** The right and left lungs weigh 1190 and
146 1100 grams, respectively. The upper and lower airways are
147 patent and the mucosal surfaces are smooth, yellow-tan, and
148 contain thin foam. The endotracheal tube also contains bloody
149 foam. The pleural surfaces are smooth, glistening, and
150 unremarkable. The pulmonary parenchyma is congested and the cut
151 surfaces exude marked amounts of blood and frothy fluid. There
152 are no masses, hemorrhages, consolidations, obstructions or
153 destructive emphysema. The pulmonary arteries are normally

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154 developed and patent. There is no saddle embolus on *in situ*
155 examination of the pulmonary trunk.

156

157 **HEPATOBILIARY SYSTEM:** The liver weighs 2000 grams. The hepatic
158 capsule is intact, smooth and glistening, covering red-brown
159 parenchyma. The gallbladder contains approximately 40 mL of
160 green viscid bile without stones. The extrahepatic biliary tree
161 appears to be patent.

162

163 **HEMATOPOIETIC SYSTEM:** The spleen weighs 280 grams and has a
164 smooth intact capsule covering red-purple, moderately firm
165 parenchyma. The splenic white pulp is grossly unremarkable.
166 The regional lymph nodes appear normal. The bone marrow (rib)
167 is red-purple. A 40 gram thymus identified in the anterior
168 mediastinum, is pink, normally lobulated and contains scattered
169 petechiae.

170

171 **ENDOCRINE SYSTEM:** The pituitary gland is intact, normally
172 developed, and is unremarkable without laceration, hemorrhage,
173 or mass lesion. The thyroid gland is symmetric and unremarkable
174 with a firm, red-brown, granular parenchyma and no cyst,
175 hemorrhage, fibrosis, or mass lesion. The adrenal glands are

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176 normally situated and have soft, yellow cortices and soft, gray-
177 brown medullae. The pancreas has a soft, tan parenchyma with a
178 normal lobular architecture and no saponification, pseudocyst,
179 neoplasm, fibrosis, hemorrhage, or mineralization.

180

181 **GASTROINTESTINAL SYSTEM:** The esophagus is lined by gray-white,
182 smooth mucosa. The gastric mucosa is arranged in the usual
183 rugal folds, and the lumen contains scant brown mucous. There
184 are no pill fragments or foreign bodies identified. The small
185 and large bowels are unremarkable. The appendix is
186 unremarkable. The colon contains soft and green stool.

187

188 **GENITOURINARY SYSTEM:** The right and left kidneys weigh 220 and
189 240 grams, respectively. The renal capsules are smooth, thin,
190 semitransparent, and strip with ease from the underlying,
191 smooth, red-brown, firm, cortical surfaces. The cortices are of
192 normal thickness and well-delineated from the medullary
193 pyramids. The calyces, pelvis, and ureters are unremarkable.
194 The urinary bladder contains approximately 150 mL of translucent
195 yellow urine. The mucosa is gray-tan and smooth. The
196 bilaterally descended testes are unremarkable, but are

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197 surrounded by approximately 10 mL of serous fluid each. The
198 prostate is unremarkable.

199

200 MUSCULOSKELETAL SYSTEM: The skeleton is well developed and
201 without deformity or osteoporosis. The vertebrae, clavicles,
202 sternum, ribs, and pelvis are without fracture. The supporting
203 musculature and soft tissues are not unusual. The firm, red-
204 brown muscles are well hydrated and free of focal lesions. The
205 cervical spinal column is stable on internal palpation.

206

207 Spec. to Pathology: Portions of all major organs are fixed in
208 formalin and retained.

209

210 Spec. to Histology: Heart, lungs, liver, spleen, pancreas,
211 kidneys, brain.

212

213 Spec. to Toxicology: Peripheral blood, heart blood, bile,
214 brain, gastric contents, liver, urine, and
215 vitreous.

216

217 Physician(s) Present: Drs. Judy Melinek, Thomas Beaver, and
218 Thomas Rogers.

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219

220 Forensic Techs: Herminia Gutierrez, Jesika Grubaugh,
221 Odette Peña.

222

223 Evidence: Blood spot on filter paper for DNA,
224 fingernails clippings, clothing, scalp
225 hair, and gunshot residue (GSR) kits from
226 bilateral hands (front and back).

227

228

229

229 Judy Melinek 512-2119
230 Judy Melinek, M.D.

Judy Melinek, M.D.

230 Judy Matinek, M.D.

231

232

JM/j km



CENTRAL VALLEY
TOXICOLOGY, INC.



CVT-14-4095

Case Name:

Moore Jr,

Robert

4 ml peripheral blood & 32 ml heart blood each labeled "Moore Jr, Robert;
2014-00826; 03/17/2014"

TOXICOLOGY NUMBER:

Specimen Description:

Delivered by Tricor

Date 18-Mar-14

Received by Bill Posey

Date 18-Mar-14

Request: Complete Drug Screen

Agency Case # 2014-00826

Requesting Agency

Alameda Co. Coroner's Office
Attn: Acct's Payable
480 4th Street
Oakland CA 94607

Report To

Alameda Co. Coroner's Office
Attn: Dr. Melinek
480 4th Street
Oakland CA 94607

RESULTS

Specimen: Peripheral Blood and Heart Blood Samples

Complete Drug Screen: Benzodiazepines, Diphenhydramine, Gabapentin, Ibuprofen, Levetiracetam, Methadone, Opiate and Sertraline detected and quantitated in peripheral blood.
No other common acidic, neutral or basic drugs detected in heart blood. No Ethyl Alcohol detected in peripheral blood.

Diazepam = <0.01 mg/L
Nordiazepam = <0.01 mg/L

Ibuprofen = <1.0 mg/L

Diphenhydramine = 0.80 mg/L

Levetiracetam = 4.8 mg/L

Gabapentin = 3.7 mg/L

Methadone = 0.16 mg/L

Hydrocodone = 0.02 mg/L
Hydromorphone = Negative

EDDP = <0.01 mg/L

Sertraline = 0.11 mg/L

CVT-14-4095
B.L. POSEY
S.N. KIMBLE

See attached ranges:

B. L. Posey

March 25, 2014

B.L. POSEY
S.N. KIMBLE

Directors

1580 Tollhouse Road
Clovis, California 93611
Phone (559) 323-9940
Fax (559) 323-7500



Case Name:

TOXICOLOGY NUMBER: CVT-14-4095

Moore Jr, Robert

Specimen Description:

| Delivered by | Date | Received by | Date |
|---------------------|-------------|--------------------|-------------|
|---------------------|-------------|--------------------|-------------|

Request: Agency Case # 2014-00826

| Requesting Agency | Report To |
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Alameda Co. Coroner's Office
Attn: Dr. Melinek
480 4th Street
Oakland CA 94607

RESULTS

Reference Ranges:

Blood Diazepam Ranges
Effective Level: (0.12 - 0.75 mg/L)
Potentially Toxic: (1.5 - 5.0 mg/L)

Blood Diphenhydramine Ranges
Effective Level: (0.1 - 1.0 mg/L)
Potentially Toxic: (1 - 5 mg/L)

Blood Hydrocodone Ranges
Effective Level: (0.002-0.05 mg/L)
Potentially Toxic: (0.1 mg/L)

Blood Levetiracetam Ranges
Effective Level: (19 - 31 mg/L)
Potentially Toxic: (> 400 mg/L)

Blood Methadone Ranges
Effective Level: (0.05 - 0.75 mg/L)
Potentially Toxic: (>0.20 mg/L)non-tolerant user
Potentially Toxic: (>0.75 mg/L)tolerant user

Blood Nordiazepam Ranges
Effective Level: (0.2 - 0.8 mg/L)
Potentially Toxic: (1.5 - 2.0 mg/L)

Blood Gabapentin Ranges
Effective Level: (6 - 21 mg/L)
Potentially Toxic: Not Known

Blood Ibuprofen Ranges
Effective Level: (5 - 50 mg/L)
Potentially Toxic: (> 100 mg/L)

Blood Sertraline Ranges
Effective Level: (0.05 - 0.5 mg/L)
Potentially Toxic: (0.29 and 1.6 mg/L) two case reports

Blood EDDP Ranges
Effective Level: (< 0.10 mg/L)
Potentially Toxic: Not Known

B.L. POSEY
S.N. KIMBLE
Directors

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Alameda County Sheriff's Office

Coroner's Bureau
480 4th Street, Oakland, CA 94607-3829



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

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|------------------------------------|--------------------------|
| CASE NUMBER: | CASE NAME: |
| 2014-00826 | Robert Moore Jr. |
| PATHOLOGIST: Judy Melinek, M.D. | HISTOLOGICAL EXAMINATION |

NEUROPATHOLOGIC EXAMINATION

Date of Exam: April 10, 2014

The specimen is the dura and brain absent the right occipital lobe (which was returned with the body) of an adult. The cerebral dura is not remarkable.

The brain is not swollen. There is no sign of herniation or of cerebral midline shift. The leptomeninges are thin, delicate and transparent. The cerebral gyri are of normal size, configuration and consistency. The external aspects of the brainstem and cerebellum are not remarkable. The arteries at the base of the brain follow a normal distribution and are free of atherosclerosis.

Coronal sections of the cerebrum reveal no focal lesions in the cortex, white matter or deep nuclear structures. Sections of the brainstem and cerebellum show no focal abnormalities. The ventricles are of normal size and configuration.

Tissue or Organ x # of fragments and/or levels (slide ID)

LUNG x 3 (1, 3): Focal edema, brown pigment-laden macrophages and intra-alveolar blood.

PANCREAS x 1 (1): Normal endocrine and exocrine architecture and autolyzed cytology with no specific pathologic changes.

HEART x 3 (2 - 4): Normal myocardium without infarct or inflammation. Unremarkable coronary arteries.

KIDNEY x 1 (2): Normal glomerular and tubular architecture. No specific pathologic changes.

SPLEEN x 1 (2): Normal splenic parenchyma without specific pathologic changes.

ADRENAL x 1 (2): Normal adrenal cortex and medullary architecture and cytology with no specific pathologic changes.

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|------------------------------------|--------------------------------|
| CASE NUMBER: 2014-00826 | CASE NAME: Robert Moore Jr. |
| PATHOLOGIST: Judy Melinek, M.D. | HISTOLOGICAL EXAMINATION |

LIVER x 1 (5): Normal hepatic parenchyma with passive sinusoidal congestion and a non-specific portal lymphoid infiltrate without spillage past the limiting plate or piecemeal necrosis. One focal centrilobular lymphoid aggregate (granuloma) without associated hepatic injury. No other specific pathologic changes.

NEUROPATHOLOGY:

Cerebellum x 1 (N1) – not remarkable.

Spinal cord, upper cervical x 1 (N1) – not remarkable.

Medulla x 1 (N2) – not remarkable.

Hippocampus x 2 (N3 – N4) – Rare neurons in the entorhinal cortex of the hippocampus have cytoplasmic eosinophilia with nuclear pyknosis. Otherwise, the neurons of the bilateral hippocampi appear intact without sclerosis or gliosis.

Basal Ganglia x 1 (N5) – not remarkable.

Frontal lobe x 1 (N6) – not remarkable.

5/22/14 Judie Melinek M.D.
Date Signature